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PTO/SB/01 (10-00)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	60256-001, 1104 US
		<b>First Named Inventor</b>	Desmarais, et al.
<b>COMPLETE IF KNOWN</b>			
Application Number		<input type="text"/>	
Filing Date		<input type="text"/>	
Group Art Unit		<input type="text"/>	
Examiner Name		<input type="text"/>	

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**D-RING WITH UNIVERSAL MOVEMENT AND BOLT**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		
<input type="text"/>	<input type="text"/>		<input type="checkbox"/>		

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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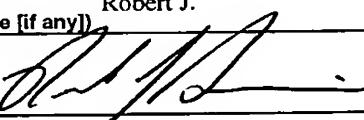
Address

City <input type="text" value="Lakeland"/>	State <input type="text" value="Florida"/>	ZIP <input type="text" value="33807-3050"/>
Country <input type="text" value="United States"/>	Telephone <input type="text" value="(863) 668-6707"/>	Fax <input type="text" value=""/>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name <input type="text" value="Robert J."/>	Family Name <input type="text" value="DESMARAIS"/>
(first and middle [if any])	or Surname

Inventor's Signature 	Date <input type="text" value="07/14/03"/>
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Residence: City <input type="text" value="Lake Orion"/>	State <input type="text" value="MI"/>	Country <input type="text" value="U.S."/>	Citizenship <input type="text" value="U.S.A."/>
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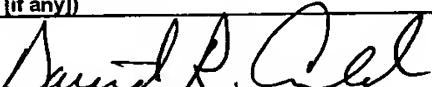
Mailing Address

Mailing Address

City <input type="text" value="Lake Orion"/>	State <input type="text" value="MI"/>	ZIP <input type="text" value="48362"/>	Country <input type="text" value="US"/>
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name <input type="text" value="David"/>	Family Name <input type="text" value="ARNOLD, SR."/>
(first and middle [if any])	or Surname

Inventor's Signature 	Date <input type="text" value="07/14/03"/>
--	--

Residence: City <input type="text" value="Macomb"/>	State <input type="text" value="MI"/>	Country <input type="text" value="U.S."/>	Citizenship <input type="text" value="U.S.A."/>
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Mailing Address

Mailing Address

City <input type="text" value="Macomb"/>	State <input type="text" value="MI"/>	ZIP <input type="text" value="48044"/>	Country <input type="text" value="U.S."/>
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Additional inventors are being named on the  supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Bayard		TEMPLE	
Inventor's Signature			Date <u>7/14/03</u>
Residence: City	State	Country	Citizenship
Roseville	MI	U.S.	U.S.A.
Mailing Address 27531 Tighe			
Mailing Address			
City Roseville	State MI	ZIP 48066	Country U.S.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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## DECLARATION

## REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Lonne R. Drayer	30,375		
Markell Seitzman	28,756		
Jarrett Rieger	48,864		
Theodore W. Olds	33,080		
John E. Carlson	37,794		
David J. Gaskey	37,139		
Kerrie A. Laba	42,777		
William S. Gottschalk	44,130		
David L. Wisz	46,350		
Karin H. Butchko	45,864		
John M. Siragusa	46,174		
Anthony P. Cho	47,209		
Anna Shih	36,372		

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